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TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
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SUBJECT: **HEPATITIS A DISEASE**

On October 25, 2005, the Board approved a motion by Supervisor Don Knabe which directed the Department of Health Services (DHS) to coordinate with the Departments of Public Social Services, Mental Health, and Children and Family Services, to 1) Work to ensure availability of all appropriate health and medical services to mitigate the threat of hepatitis A outbreaks on Skid Row; 2) Ensure that procedures are in place for County staff to follow if exposed to hepatitis A, or in a situation where there is a high risk of contracting hepatitis A; and, 3) Report back on this issue as part of the overall action plan being prepared to further assist families and individuals on Skid Row.

BACKGROUND – HEPATITIS A

Hepatitis A is an intestinal virus spread by the fecal-oral route. Those at higher risk of acquiring hepatitis A include close contacts (household, sexual, and drug-using partners) of patients with hepatitis A, day-care attendees and staff, men who have sex with men, and illegal drug users. Transmission occurs readily in locations lacking potable water and sanitary sewage disposal, including many foreign countries where Americans vacation. Most cases in the United States probably result from person-to-person transmission, but there are occasional outbreaks of hepatitis A associated with foodborne transmission, primarily via pre-contaminated food or eating uncooked food prepared by a person with a new onset of acute hepatitis A and diarrhea. The usual incubation period is about four weeks, but can range from two to six weeks. The hepatitis A vaccine is very efficacious in preventing infection if given before exposure to the

virus; immune globulin (IG) is effective in preventing infection with hepatitis A in an exposed person if given within two weeks after exposure. The disease is rarely fatal, though recovery time can last for weeks. There is no chronic carrier state for hepatitis A virus; prior infection or vaccination confers lifelong immunity to future infection.

Since each case of hepatitis A puts his or her close contacts at risk of transmission, every attempt is made to investigate hepatitis A cases within 24 hours of report to DHS. Public Health nurses evaluate patients for risk factors for acquiring hepatitis A; their close contacts (household and other) are evaluated and offered IG. Public Health provides IG for all appropriate contacts at no cost for exposures less than 14 days old.

Most county workers are not at risk for acquiring hepatitis A during their normal job duties unless they have frequent hands-on contact with ill persons. County personnel should always take care to wash their hands frequently when working in the field; this simple step can prevent the transmission of hepatitis A (and many other infections). Should county workers be exposed on the job to hepatitis A in a significant manner, they would be eligible to receive IG at no personal cost, either as part of workers' compensation or from a public health clinic. While the hepatitis A vaccine is very effective at preventing infection, the Centers for Disease Control and Prevention (CDC) do not recommend routine vaccination of any occupational group.

INVESTIGATION OF THE OUTBREAK OF HEPATITIS A

On October 5, 2005, the Acute Communicable Disease Control (ACDC) Program discovered three persons with acute hepatitis A associated with a skid row mission. Two of them were workers and one was a homeless person listing the mission as a residence.

ACDC reviewed reported cases of acute hepatitis A and noted a sharp increase in the number of reported cases compared to 2004, most of which were reported in October. The increase has been seen in several health districts areas of the County. Many cases from Central Health District lack addresses and are presumed to be homeless, unlike recent cases residing in other districts. In response to these initial reports of acute hepatitis A, ACDC took the following measures:

1) Worked with SPA 4 personnel to provide IG to all the other inhabitants of the mission.
2) Drafted a notification about hepatitis A that was sent by the DHS Homeless Services coordinator to skid row healthcare providers about how to identify and diagnosis hepatitis A.
3) Developed a protocol with the Public Health Laboratory (PHL) to make PHL resources available to skid row clinics to test for hepatitis A.
4) Sent a notification about hepatitis A to administrators of homeless shelters about hepatitis A, its identification, and how to prevent transmission (assuring clean bathrooms and removing ill personnel from food preparation).
5) Notified public health staff countywide about the increase in reported, unconfirmed hepatitis A cases, and how to assist homeless shelters in preventing the spread of hepatitis A.
6) Developed an additional surveillance form, specifically asking about exposures to homeless shelters and soup kitchens, for district personnel to use when investigating all new cases of acute hepatitis A.

7) Made outreach to the affected districts to encourage thorough case review and timely reporting to ACDC.
8) Notified the California DHS about the increase in acute hepatitis A cases.

Since the recognition of increased cases of hepatitis A among the downtown homeless, reports of suspected cases in October have risen countywide. Most of these appear to be sporadic, that is, unassociated with other suspected cases; detailed interviews are pending and these have been given highest priority by staff in Community Health Services. We have received reports of some additional cases from a healthcare provider in skid row, which we are investigating. Two additional clusters of hepatitis A cases have been identified among groups of co-workers elsewhere in the County; one involved a restaurant, and the other a catering service at a work site. Investigation of each cluster may hold the key to the source of the increase since the individuals shared very limited food items together.

The working hypothesis is that there may have been a contaminated food item (one not usually cooked, such as produce) in early to mid-September distributed to a limited number of retail food establishments. The Environmental Health Division is comparing bills of lading from the food providers, looking for a common food item or distributor between the two worksite clusters. Meanwhile, ACDC is completing detailed studies of these clusters that may pinpoint a particular food or drink as the source of infection. Since very few types of produce would be expected to last longer than a week or two, the original source would likely be used up or discarded already, thus no longer posing a hazard to the public. In particular, Los Angeles County workers would be at no greater risk of exposure than any other county resident; the risk appears to have been present about two months ago.

We have shared this information with the other departments. We are participating with the other departments in responding to the motion regarding families and individuals on skid row.

As soon as we learn more from our investigations, we will let you know. If you have any questions or need further information, please let either of us know.

TLG:JEF:DD:sc
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c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors